

COUNTY OF PLACER
COUNTY EXECUTIVE OFFICER, JAN CHRISTOFFERSON



Volunteer Registration Form
Animal Services Division

Name: _____

Address: _____ City & State: _____

Phone Number: _____ Date of Birth _____

Emergency Contact:

Name: _____

Address: _____

Phone Number: _____

Statement of Program and Duties:

Site Location: _____

Dates of Beginning/Ending time of services: _____

For Insurances Purposes, Please complete the following

Estimated Hours Per Week:	Estimated Hours Per Job:	Estimated Hours Per Year:

Transportation to be provided: _____ Yes _____ No

If yes please give details: _____

Supervisor for Volunteer: _____

I am physically able to perform above services and am not aware of any physical limitations that would preclude me from performing such services. I have read and signed the liability release on the back of this form.

Volunteer Signature

Agreement and release regarding voluntary services

I, _____ hereby acknowledge that I have voluntarily applied to participate in performing certain service for the Department of _____, County of Placer. I am voluntarily participating in these activities with the knowledge that there is some risk that I may be injured in the course of performing these services. I have been advised that, by Resolution of the Board of Supervisors, it is the policy of the County of Placer to cover volunteers as employees of the County for purposes of Workers Compensation benefits. I also understand that, under Workers Compensation laws, Workers Compensation benefits will be the sole and exclusive remedy in the event I am injured while performing these volunteer activities and services.

With the exception of Workers Compensation benefits as set out above, I hereby agree that I my heirs, guardians, legal representatives and assigns will not make a claim against or file an action against the County of Placer or any of its agents, officers, or employees, for injury or damage resulting from negligence, howsoever caused, by any employee, agent, or officer of the County of Placer as a result of my participation in this volunteer activity or services. In addition, I hereby release and discharge the County of Placer, its agents, officers, and employees from all actions, claims, and demands that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in these volunteer activities or services.

I have carefully read this agreement and fully understand its contents. I am aware that this a partial release of liability and a contract between myself and the County of Placer and sign it of my own free will.

Date: _____

Signature: _____
Volunteer

Date: _____

Signature: _____
Parent or Guardian

Date: _____

Signature: _____
Witness

Date: _____

Signature: _____
Division Head

Date: _____

Signature: _____
Department Head

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Volunteer-Oath of Confidentiality

I, the undersigned, hereby agree not to divulge or distribute any information or records I may encounter during the performance of my duties with Placer County.

I agree that any discussions, records and information that I have access to in connection with these activities will not be disclosed to any unauthorized person.

I recognize that unauthorized release of confidential information may expose me to civil/criminal liabilities and fines under Federal, State and local governmental regulations.

Executed this _____ day of _____, _____ at _____,
California.

Signature: _____

Name (print): _____

This Memorandum of Understanding is between the County of Placer, Division of Animal Services "County" and _____
"Volunteer" who has decided to provide volunteer services as an Animal Services Volunteer.

a. Assign a permanent County employee to supervise the volunteer. That individual will be _____ and can be contacted at work at: _____

Yes	No	Description
		Adoption Counseling
		Lost and found animal report follow-up
		Dog License follow-up
		Kennel maintenance (Cleaning cages, feeding animals, etc.)
		Shelter and grounds maintenance
		Special clerical projects
		Special shelter projects
		Walking dogs and/or grooming animals
	Others	

d. On a weekly basis, provide a written work schedule specifying the location, date and time when volunteer hours are to be worked.

- d. Agree to work the day and time schedule.
- e. Follow instructions and directions given by the supervisor assigned in Section 1a and/or Manager of Animal Services.
- f. Complete, sign and return to County all forms required by County relating to volunteer services.
- g. Obtain prior written approval/permission from Animal Services supervisor prior to riding in any County Vehicle.
- h. Return to County volunteer identification/name badge and all other items belonging to County upon completion of volunteer services.
- i. Agree to submit my resignation as a volunteer should I fail to fulfill the responsibilities of Volunteer stated above under Section 2.

Volunteer's Signature

Date

Manager of Animal Services

Date

Supervisor Assigned to Volunteer
by Animal Services

Date